U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

FILED
2008 AUG -7 AM 9:1[illegible]
CLERK US DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA
BY [illegible] DEPUTY

PLAINTIFF: Mr. Anthony Esposito	COURT CASE NUMBER: 08-CV-0742-H-WMC
DEFENDANT: T.J. Calvin, Jr., M.D., F.A.C.S.	TYPE OF PROCESS: SUMMONS AND COMPLAINT

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Travis H. Calvin, Jr., M.D., F.A.C.S. Neurological Surgery/Pain Management

AT ADDRESS (*Street or RFD, Apartment No., City, State and ZIP Code*)
1505 W. ROSS AVE.
EL CENTRO, CALIFORNIA 92243

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. ANTHONY ESPOSITO
D-94335/D-GYM 150L
2302 BROWN ROAD (CENTINELA STATE PRISON)
IMPERIAL, CA. 92251-0731

Number of process to be served with this Form - 285	4
Number of parties to be served in this case	4
Check for service on U.S.A.	(X)N/A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):
PHONE:(760) 353-1720
FAX:(760) 353-0460

ASSISTANT CLINICAL PROFESSOR
DEPARTMENT OF SURGERY/DIVISION OF NEUROSURGERY
UNIVERSITY OF CALIFORNIA, SAN DIEGO

RECEIVED 2008 JUN 27 AM 8:01 U.S. MARSHAL SOUTHERN DISTRICT OF CALIFORNIA

Signature of Attorney or other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Anthony Esposito	☒ PLAINTIFF ☐ DEFENDANT	(760) 337-7900 EXT.	JUNE 23, 08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (*Sign only first USM 285 if more than one USM 285 is submitted*)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. A98	No. A98	[signature]	07/03/08

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (*See remarks below*)

Name and title of individual served (*if not shown above*): TRAVIS CALVIN SR.

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (*complete only if different than shown above*):

Date of Service	Time
07/21/08	1600 pm

Signature of U.S. Marshal or Deputy: [signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
$45.00	$1.52	—	$46.52	—	$46.52	—

REMARKS: 06/27/08 - JDIS(A98) Fwd to El Centro
07/01/08 - ELC REC'D - ASSIGNED: ZAMUDIO
07/21/08 - SERVED.

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

United States District Court

SOUTHERN DISTRICT OF CALIFORNIA

Anthony Esposito

vs

D. Khatri, M.D., Chief Physician; C. Cook, Medical Appeal Analyst; Aymar, Physician; T.J. Calvin, Jr., M.D.,

SUMMONS IN A CIVIL ACTION

Case No. 08-CV-0742-H(WMc)

TO: (Name and Address of Defendant)

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon PLAINTIFF'S ATTORNEY

Anthony Esposito D-94335
California State Prison, Centinela
P.O. Box 931
Imperial, CA 92251

An answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

W. Samuel Hamrick, Jr.
Clerk of Court

June 12, 2008
DATE

By, Deputy Clerk